

**PATENT NUMBER**

**U.S. UTILITY Patent Application**

O.I.P.E.	PATENT DATE

APPLICATION NO. 09/871863	CONT/PRIOR	CLASS 210	SUBCLASS 435	ART UNIT 1723	EXAMINER <del>KIM</del> Menon
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TITLE  
 Hemodialyzer headers

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[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)		<b>NOTICE OF ALLOWANCE MAILED</b>  _____	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____  _____  _____	_____ (Primary Examiner)		<b>ISSUE FEE</b>  Amount Due _____ Date Paid _____	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)		<b>ISSUE BATCH NUMBER</b>  _____	
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